

**Network of Minority Research Investigators (NMRI)**  
**REQUEST A MENTEE FORM**

If you are interested in becoming a mentor of the NMRI, please complete the following form and send a copy via email to: [martinezwm@mail.nih.gov](mailto:martinezwm@mail.nih.gov). This information will be forwarded to NIDDK staff and the NMRI Oversight Committee to determine if there is someone who may qualify to be your mentee.

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**1. How long have you been a member of the NMRI? \_\_\_\_\_**

**2. Indicate your current status:**

Senior Investigator \_\_\_\_ Junior Investigator \_\_\_\_ Fellow \_\_\_\_ Post Doc \_\_\_\_ Student \_\_\_\_

**3. List your areas of research interest. Please list at least 3 areas and prioritize them from 1-3.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**4. If you have suggestions for a mentee, please list them in the space below.**

\_\_\_\_\_

**Please save this file and email it to [martinezwm@mail.nih.gov](mailto:martinezwm@mail.nih.gov).**

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